(PAEDS)

FIRST AID PROTOCOL · FOR SCHOOLS, ELC, BOARDING AND CAMPS

Head injury and concussion

A step-by-step protocol for school nurses, teachers and education support staff — what to do at the scene, who to call, when to escalate, and how a child comes back to learning and sport. We teach to empower, not fear.

WHAT IS INSIDE

THIS COPY BELONGS TO

Your school or service

Owner: _____

Approved: ____ / ____ / _____

Review by: ____ / ____ / _____

Copies located: _____

How to use this protocol. Print the quick reference and keep it where first aid is given — sick bay, ELC room, camp kit, sports bag. Any staff member can start the steps; you do not need to diagnose a concussion to act. Read the whole protocol at least once a year, and after any serious incident.

Built on guidance from The Royal Children's Hospital Melbourne, the Concussion in Australian Sport guidelines, and Victorian Department of Education student health policy. Review with your school nurse or medical adviser before adopting. Not a substitute for clinical judgement or emergency advice.

QUICK REFERENCE · KEEP IN THE SICK BAY

Head injury: what to do now

For teachers, education support staff and school nurses. You do not need to diagnose a concussion to act on it.

(PAEDS)

THE BEST OF CARE IN THE COUNTRY

Call 000

Do not move them unless they are in danger

Any one of these — call an ambulance straight away:

- Knocked out, or not waking properly
- Vomited more than once
- Confused, agitated, not making sense
- Slurred speech or uneven pupils
- Fall over 1 metre or high-speed impact
- Fit, seizure or convulsion
- Neck pain, tingling or weakness
- Fluid or blood from the ear or nose
- Headache that keeps getting worse
- Dent in the skull or heavy bleeding

Suspected concussion

Any symptom at all — headache, dizziness, feeling "off", blurred vision, nausea, memory gaps, unusual behaviour.

1. Remove from all activity and sport for the day.
2. Supervise in a quiet space. Never leave them alone.
3. Phone the parent or carer today — must be collected.
4. Medical review same day. Complete the record.

Minor bump, no symptoms

Alert and themselves, no red flags, no symptoms after a knock or small fall.

1. Cold pack over cloth, 10–20 minutes. Reassure them.
2. Keep in sight; re-check at 15 and 30 minutes.
3. Notify the family — symptoms can appear later.
4. Return to class if still well. Record the injury.

If in doubt, sit them out.

No return to sport, play or PE on the same day — no exceptions, however well they say they feel. Symptoms often appear hours later, so the family must watch them closely for 24–48 hours. Full protocol: pages 2–6.

1. Immediate response at the scene

DECISION FLOW

Step 1 — Make the area safe. DRSABCD.

Stop all play; send a second adult for the first aid officer.

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Step 2 — Unconscious, fitting, or neck pain?

Assume a spinal injury. Do not move them or remove a helmet. Keep the airway clear and call **000** now.

▼

Step 3 — Awake? Check red flags, then ask

"What place are we at?" · "What lesson is it now?" · "Do you remember the fall?" Any wrong or hesitant answer means treat it as concussion. Walk them to the sick bay with an adult — never send a child alone.

Call 000 immediately if…

- Any loss of consciousness, however brief
- Seizure, fit or convulsion
- Vomiting more than once
- Increasing drowsiness, or hard to rouse
- Confusion, agitation or unusual behaviour
- Neck or back pain; numbness or weakness
- Slurred speech, double vision, unequal pupils
- Fluid or blood from the ear or nose
- Bruising behind the ear or around both eyes
- A dent in the skull or a deep scalp wound
- Severe or worsening headache
- Fall over 1 metre, or a high-speed impact
- A bleeding disorder, a shunt, or blood thinners
- Any child under 2 years in an ELC setting
- You are worried and unsure — reason enough

Red flag present

Call **000**. Phone parents. Stay with the child. Nil by mouth. Record times.

Symptoms only

Treat as concussion. Out for the day, collected today, medical review. Page 3.

No symptoms

Cold pack, observe 30 min, notify family, back to class. Record it.

Pre-verbal, non-speaking or very young children: you cannot rely on what they tell you. Ask staff and family what is normal for that child and watch behaviour instead — unusual crying, not settling, off their food, unsteadiness, or simply not themselves. Lower your threshold for calling 000.

2. Symptoms and observation

(PAEDS)

CONCUSSION SYMPTOM CHECKLIST — TICK ANYTHING YOU SEE OR THE CHILD REPORTS

Physical

- ☐ Headache
- ☐ Pressure in the head
- ☐ Dizziness
- ☐ Nausea or vomiting
- ☐ Blurred or double vision
- ☐ Light or noise sensitivity
- ☐ Balance problems
- ☐ Neck pain

Thinking

- ☐ Feeling slowed down
- ☐ Feeling “in a fog”
- ☐ Trouble concentrating
- ☐ Trouble remembering
- ☐ Confused about events
- ☐ Answers slowly
- ☐ Repeats questions

Emotional

- ☐ Irritable
- ☐ Tearful or emotional
- ☐ Anxious or nervous
- ☐ Flat or withdrawn
- ☐ “Not themselves”
- ☐ Unusual for that child

Sleep & energy

- ☐ Drowsy
- ☐ Low energy or fatigue
- ☐ Sleeping more than usual
- ☐ Trouble settling

Increasing drowsiness is a red flag — call 000.

Observation in the sick bay

Observe for at least 30 minutes before any child returns to class, and record each check. If anything worsens, call **000.**

Time _____ Alert? __ Symptoms _____

Time _____ Alert? __ Symptoms _____

Time _____ Alert? __ Symptoms _____

Quiet, not dark. Dim lights, no screens or phone. Resting is fine — a child may sleep if they can be woken normally, but keep them in view.

Paracetamol only, with family consent and per your medication policy. No ibuprofen or aspirin until a doctor has seen them.

Same day, without exception

Out of sport and play. No PE, no lunchtime games, no training — the rest of the day, even if symptoms settle.

Collected by an adult. Never send a child home alone, on a bus, or with a student sibling.

Seen by a doctor or nurse practitioner today, with the written head injury advice to take along.

Recorded. Complete page 6 before you go home, and tell the classroom teacher and PE staff.

Boarding and camps: a suspected concussion needs a named adult checking overnight and a documented plan for transport to hospital.

3. Notifying the family, and escalating

(PAEDS)

Phoning the parent or carer

SAY IT CALMLY, IN THIS ORDER

"Hello, it's _____ from _____. **Sam is safe and with me.** I want to let you know he had a knock to the head at _____ this morning.

He is awake and talking. He tells me he has a headache and feels a bit dizzy, so we have taken him out of sport for the rest of the day and he is resting quietly with me.

Because we treat every suspected concussion seriously, we need him collected today and seen by your GP or nurse practitioner.

At home, please keep an eye on him for the next 24 to 48 hours. If he vomits again, becomes very drowsy or hard to wake, has a worsening headache, a fit, or seems confused, call an ambulance on 000.

I'll send the written head injury advice home with him. When can you get here?"

If you cannot reach a parent or carer, work down the emergency contacts and note each attempt with the time. Where a red flag is present, call 000 first and keep calling the family afterwards.

What the family takes home

- What happened, and what you observed
- The 24–48 hour watch and the 000 red flags
- Rest today, then normal routine gradually
- Paracetamol for headache if needed
- No sport or PE until cleared — see page 5
- Who to call at school, and when we follow up
- RCH Kids Health Info: Head injuries fact sheet

When to escalate beyond the GP

Any red flag, at any point — 000, or straight to the nearest emergency department.

Still symptomatic at two weeks — back to the GP for review; ongoing symptoms can be referred to the Victorian Paediatric Rehabilitation Service.

Two head injuries in a season, or repeat presentations — notify leadership, review the activity, require medical clearance before sport.

A family who cannot follow up — involve the wellbeing team and escalate as duty of care.

4. Coming back: return to learn, then sport

(PAEDS)

Learning comes back before sport. A student may return to school while still mildly symptomatic, with adjustments, but must be fully back to learning and symptom free before contact sport. Progress one stage at a time, roughly 24 hours each; if symptoms return, drop back a stage for a day.

RETURN TO LEARN

STAGE 1 · FIRST 24–48H

Relative rest at home

Light daily activity. Limited screens. No school work that brings symptoms on.

STAGE 2

School work at home

Short bursts of 20–30 minutes with breaks. Stop if symptoms build.

STAGE 3

Part-time at school

Half days, rest passes, no exams or assessments, reduced homework.

STAGE 4

Full days, full load

Symptom free with no adjustments. Only now do sport stages begin.

Adjustments to offer: seat away from noise, printed notes instead of copying, extra time, no bright screens, permission to leave class, and a named staff contact for check-ins. Confirm in writing with the family and teachers.

RETURN TO SPORT — CHILDREN AND ADOLESCENTS

1–2. Light then moderate exercise. Walking, stationary bike; then jogging and light drills. No head impact risk.

3–4. Sport-specific, non-contact training. Running, passing, resistance work. Still no contact.

5–6. Full contact training, then competition. Only with medical clearance and after the minimum times.

The minimum times

14 days symptom free before any return to contact training.

No competitive contact sport before day 21 after the injury.

Minimums, not targets. Medical clearance is required before contact resumes, and a second concussion during recovery is far more serious.

5. Head injury record — complete on the day

(PAEDS)

Student / child name _____ Class or room _____ Age _____

Date of injury ____ / ____ / _____ Time _____ Where it happened _____

Reported by (staff) _____ First aid given by _____

How it happened, in the child's or witness's words _____

_____

Findings

☐ Loss of consciousness — how long? _____

☐ Vomiting — how many times? _____

☐ Symptoms ticked on the page 3 checklist

☐ Wound, swelling or bruising — where? _____

☐ Fall over 1 metre or high-speed impact

☐ No symptoms observed

Action taken

☐ 000 called at _____ ☐ Removed from activity

☐ Parent / carer phoned at _____ by _____

☐ Collected at _____ by _____

☐ Head injury advice given to family

☐ Return to learn plan started

☐ Sport and PE exclusion until ____ / ____

Follow-up

Day 1 check-in ____ / ____ by _____

Day 3 check-in ____ / ____ by _____

Two-week review ____ / ____ Symptomatic? ____

Medical clearance received ____ / ____

Sign-off

Completed by _____ Role _____

Signature _____ Date ____ / ____

Reviewed by leadership _____ Date ____ / ____

Protocol control

Owner: _____ (First aid coordinator) · Approved: ____ / ____ / _____ · Review annually or after any serious incident: ____ / ____ / _____. File completed records with the student's health file per your record-keeping policy.

Sources: RCH Melbourne Kids Health Info — Head injuries, and Head injury: return to school and sport; RCH Clinical Practice Guideline — Head injury; Concussion in Australian Sport guidelines; Victorian Department of Education student health policies. Review with your school nurse or medical adviser before adopting.